State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-91)
Please print or type. (Form designed for use on elite (12-pitch typewriter).

## See Instructions on Back of Page 6 and Front of Page 7

Department of Health Services Texic Substances Control Division Sacramento, California

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3. Generator's Name and Mail ROBERTS MANU	JFACTURING						te Manifest Do	886	15318
	BLVD., RANCE	HO CUCA	MONGA,	CA	9173	B. Sta	te Generator's	D	
4. Generator's Phone (714 5. Transporter 1 Company Nar		6.	US EPA ID N	umb or		Sea mark millions	te Transporter	Constitution of the Consti	
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11. US DOT Description (Inclu	ding Proper Shipping Name, I	Hazard Class, a	and ID Number)		12. Cont	Type	13. Total Quantity	y Unit Wt/Vo	Wante
a. HAZARDOUS W	ASTE SOLID, N	.0.S	DRM-E N	VA 9		Type		41,00	Stat 451
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c.			IN 1760	$\neg \uparrow$	- OF-1				Stat 131
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d. (COPPER SUL)	ZORIE)				DXDX4	DM_	0000	0	State
<b>a.</b>							-		
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J. Additional Descriptions for I	Materials Listed Above		1.15			A. FIB	ndling Codes f	or wastes i	ISTED ADOVE
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